

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name DCF		9. Position No. K0067408	10. Budget Program Number 01112	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Administrative Officer	
3. Division Administration			12. Proposed Class Title	
4. Section Office of Financial Management	For Use By Personnel	13. Allocation		
5. Unit Payables		14. Effective Date		
6. Location (address where employee works) City Topeka County Shawnee		15. By	Approved	
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %	Office	16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time) FROM: 8 AM/PM To: 4:30 AM/PM		17. Audit Date: By: Date: By:		

Agency
Number

Position
Number

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name	Title	Position Number
Kristie Gonzales	Payables Manager	K0225386

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
Kristie Gonzales	Payables Manager	K0225386

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The work done is routine so no special assignments are made. The employee is allowed to complete the work in the most efficient way.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	
20%	<p>Serves as the State Interim Assistance Reimbursement (IAR) Coordinator, requiring the use of analytical thought to deal with complex data from KAECSES, and the Social Security Administration.</p> <p>Researches and analyzes cases through the use of available computer information systems. Evaluates data to determine accuracy and completeness of information received from SSA and IAR agreements received from DCF field offices. Notifies appropriate local/regional office personnel of IAR receipt to control General Assistance closure.</p> <p>Updates daily transaction log by entering information in an Excel spreadsheet</p> <p>Determines and calculates client portion of the IAR and appropriate disbursement of IAR deposits from state and federal financial data in KAECSES and by interpreting Social Security Income (SSI) regulations from the IAR State Handbook.</p> <p>Completes IAR Notice of Apportionment and vouchers for each client receiving a reimbursement, signs and send for payment processing. When warrant is returned, it is mailed to the client, and forms are distributed to appropriate DCF field offices.</p> <p>When electronic input is not possible for a claimant, completes SSA Form 8125 (Claimant Information) for each client within 30 days of receiving SSA Form 8125. Faxes 8125 to SSA and distributes copies of 3110 form appropriately. When electronic input is available, submits IAR reimbursement information through the SSA electronic system instead of using the 8125 form.</p> <p>Files and retains client data for a period of no less than five (5) years.</p> <p>Point of contact for all DCF and Social Security Administration Auditors</p> <p>Compiles and submits monthly financial summaries to the Finance Cash Management and Internal Reporting Unit to aid in preparing the DCF Fee Fund budget, using daily transactions log data, as well as daily and monthly reports from Finance Central Receivables Unit</p>
25%	<p>Adds vendors to SMART verifying information furnished is accurate. Review vendor entries completed by DCF Field offices to ensure accuracy and to make sure the vendor was approved and active. Maintain W9s for no less than 1 year. Review TM-21 forms for SMART vendor entry updates for accuracy. Make changes in SMART when appropriate or forward to A&R to make the changes. Add DA-130 ACH information to SMART. Review DA-130 entries entered by the field for accuracy. Forward copies to A&R for approval or send requests to vendors for additional information when needed. Retain DA-130 banking information for a period of no less than three years.</p>
5%	<p>Reviews Check cancellations and Check reissue requests for accuracy and submit the request to A&R to process. Mail re-issued checks and maintain filing.</p>
20%	<p>Download and import banking transactions into WARDS from the Capital City Bank website. Run the batch check requests. Review and process manual requests for checks to be written from the State WARDS</p>

	<p>account. Review the request and pull the transaction history for the child to ensure the funds are available. Print checks, make sure they are signed appropriately, and then mail them. Maintain check register and supporting documentation for audit purposes. Review Bank Statements monthly to ensure checks are cashed correctly and void any checks older than 6 months. Manually add interest into the WARDS account to be distributed to each active child's account. Process manual deposits into WARDS and take checks to be deposited to Capital City Bank. Run a batch report monthly of account balances per child and distribute to the Field Offices and to the SSA. File and retain data for a period of no less than three years.</p>
20%	<p>Review and pay Interfund payments through SMART for Print Orders completed by the State Printer. Process Interfund and other voucher payments as needed.</p>
5%	<p>Reconcile DCF Imprest Fund accounts monthly for each region and each account. Send a copy of the DA-153 to Dept of Administration for their records. Maintain notebooks of Bank Accounts and Petty Cash Funds for all DCF Regions and each account annually per Dept of Admin requirements.</p>
5%	<p>Track and report EBT transactions monthly. Review each transaction for accuracy and ensure that payments are posted in SMART. Review the AMA.gov website to ensure funding amount matches for the Food portion of the EBT.</p>

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title

Position Number

23. Which statement best describes the results of error in action or decision of this employee?

- (x) Minimal property damage, minor injury, minor disruption of the flow of work.
- () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contact with DCF field staff through e-mail and phone conversations; daily contact with clients who call in inquiring on status of

their check or other information. Frequent contact with EES staff and SSA staff.

25. What hazards, risks or discomforts exist on the job or in the work environment?

None

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Computer, adding machine, copier

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

As required in class specifications

Education or Training - Special or professional

As required in class specifications

License, certificates and registrations

As required in class specifications

Special knowledge, skills and abilities

Experience - Length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee _____ Date _____

Signature of Personnel Official _____ Date _____

Approved:

Signature of Supervisor _____ Date _____

Signature of Agency Head or
Appointing Authority _____ Date _____